

2025 INCOME AND EXPENSE ANALYSIS: SENIOR CARE

For calendar or fiscal year 2024 (12 months)

Real Estate #: -
 Property Name: _____ Address: _____

CONFIDENTIAL
 Per F.S. 195.027
 Joyce Morgan
 Duval County Property Appraiser
 231 East Forsyth Street, Room 270
 Jacksonville, Florida 32202

INCOME: \$ \$ \$

(1) TOTAL ROOM/BED/UNIT REVENUE.....		
(2) FOOD.....		
(3) BEVERAGE.....		
(4) OTHER INCOME.....		
(5) TOTAL INCOME FROM OPERATIONS.....		

COST OF GOODS SOLD: \$ \$ \$

(6) ROOMS.....		
(7) FOOD.....		
(8) BEVERAGE.....		
(9) OTHER DIRECT EXPENSE.....		
(10) TOTAL COSTS AND EXPENSES.....		
(11) GROSS OPERATING INCOME.....		
(12) MISCELLANEOUS EXPENSES.....		
(13) ADMINISTRATIVE COSTS.....		
ADMINISTRATIVE & GENERAL.....		
MANAGEMENT FEE.....		
ADVERTISING & SALES PROMOTION.....		
PAYROLL & PAYROLL TAXES.....		
OTHER ADMINISTRATIVE.....		
(14) UTILITIES.....		
ELECTRICITY.....		
WATER & SEWER.....		
OTHER UTILITIES.....		
(15) MAINTENANCE & REPAIR.....		
MAINTENANCE & REPAIR PAYROLL.....		
ELECTRIC, PLUMBING, HVAC REPAIRS.....		
EXTERIOR REPAIRS.....		
PARKING LOT REPAIRS.....		
ROOF REPAIR.....		
CONTRACT REPAIRS.....		
MISCELLANEOUS MAINTENANCE & REPAIRS.....		
JANITORIAL.....		
(16) SERVICES.....		
TRASH REMOVAL.....		
LANDSCAPE.....		
SECURITY.....		
MISCELLANEOUS.....		
(17) INSURANCE (ONE (1) YEAR ONLY).....		
(18) RESERVES FOR REPLACEMENT.....		
(19) TOTAL OPERATING EXPENSES.....		
(20) TOTAL COSTS AND EXPENSES (TOTAL LINE (18) & (27)).....		
(21) GROSS OPERATING PROFIT.....		

OTHER EXPENSES: \$

(22) INTEREST EXPENSE CHARGED THIS PERIOD.....		
(23) DEPRECIATION EXPENSE CHARGED THIS PERIOD.....		
(24) PROPERTY TAX EXPENSE CHARGED THIS PERIOD.....		
(25) GROUND RENT.....		

PLEASE FILL OUT FRONT & BACK OF FORM

NOTE: IF YOU WOULD LIKE TO PROVIDE THIS OFFICE WITH A PROFIT AND LOSS STATEMENT (YEAR END 2024)
 AND RENT ROLL AS OF JANUARY 1, 2025 IN LIEU OF FILLING THIS FORM OUT, PLEASE DO SO.

BED COUNT RATES:

UNIT MIX / TYPE	# BEDS	MONTHLY RATE \$\$	ANNUAL OCCUP. % ENDING 12/31/24	
1 INDEPENDENT LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
2 ASSISTED LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
3 SKILLED NURSING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SERVICES PROVIDED IN BASE RENT	_____	_____	_____	_____
TOTAL EXISTING BEDS	_____			
TOTAL LICENSED BEDS	_____			
	AVG MONTHLY RATE	_____		
PAYMENT MIX (# OF UNITS)	# PRIVATE PAY	# MEDICARE	# MEDICAID	# OTHER (SPECIFY)
INDEPENDENT LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
ASSISTED LIVING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____
SKILLED NURSING				
SEMI-PRIVATE ROOM	_____	_____	_____	_____
PRIVATE ROOM	_____	_____	_____	_____

LEASED OPERATIONS:

DOES THE OWNER OPERATE THE FACILITY?..... _____
 IF LEASED TO AN OPERATOR, WHAT IS THE ANNUAL RENT?..... _____

OTHER PROPERTY INFORMATION:

IF YOU PURCHASED THIS PROPERTY SINCE 2022 GIVE: DATE _____ PRICE _____
 IF YOU HAD THIS PROPERTY CONSTRUCTED SINCE 2022 GIVE: DATE _____ (Price)
 COST TO CONSTRUCT \$ _____ (include both direct and indirect costs)

MORTGAGE INFORMATION:

	1st MTG.	2ND MTG.	3RD MTG.
DATE.....	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
ORIGINAL AMOUNT.....	\$ _____	\$ _____	\$ _____
INTEREST RATE.....	_____ %	_____ %	_____ %
TERM IN YEARS & MONTHS.....	_____ & _____	_____ & _____	_____ & _____
PAYMENT (\$ per month, semi-annual, or annual).....	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
BALLOON PAYMENT (\$ / date due).....	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

IF THIS PROPERTY IS FOR SALE GIVE:

ASKING PRICE..... \$ _____
 LISTING BROKER/CONTACT #..... _____
 HOW LONG ON MARKET..... _____
 LAST APPRAISAL DATE? APPRAISED VALUE?..... _____

COMMENTS:

PREPARER INFORMATION:

PERSON PREPARING RETURN _____
 OWNER: _____ AGENT: _____
 DATE _____ PHONE NUMBER _____